

APPLICATION FOR ARIZONA MILITARY FAMILY RELIEF FUND FINANCIAL ASSISTANCE

Complete all applicable blocks

Name of Servicemember (Last, First, MI)				Grade	Branch of Service	Home of Record	Date of Application																																
SSN	DOB	Yrs Service	DOS	Deployed Location(s) and Date(s) of Deployment																																			
Home Address			Home Phone ()	Cell Phone ()	Medically Retired?	Retired Pay Grade	Date Wounded																																
Is Servicemember Deceased?	Location of Death		Date of Death	Cause of Death	Referred By																																		
Name of Applicant		DOB	Is Applicant Spouse ?	If Not Spouse - Relationship to Servicemember		Blank	Blank																																
<p align="center">ALL DEPENDENTS INCLUDING SPOUSE AND ALL OTHERS RESIDING IN HOUSE</p> <p align="center">OTHERS LIVING IN HOUSEHOLD</p> <table border="1"> <thead> <tr> <th>Age</th> <th>Name/Relationship</th> <th>Age</th> <th>Name/Relationship</th> <th>Age</th> <th>Name/Relationship</th> <th>Age</th> <th>Name/Relationship</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>								Age	Name/Relationship	Age	Name/Relationship	Age	Name/Relationship	Age	Name/Relationship																								
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Total assistance requested over \$250?

☐ YES ☐ NO

Other assistance (within 12 months/list all below)? ☐ YES ☐ NO

<p>List all previous assistance received within the past 12 months.</p> <table border="1"> <thead> <tr> <th>Organization</th> <th>Date</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr> <td align="right" colspan="2">TOTAL</td> <td>\$</td> </tr> </tbody> </table> <p>APPLICANT'S CERTIFICATION I certify the information contained in this application to be accurate, true and complete to the best of my knowledge. I understand that knowingly making a false statement in this application may be cause for denial of this application and/or referral for legal action. I have attached copies of the most current DD Form 214 and/or all documentation substantiating the death or service connected disability and/or combat wound(s).</p> <p align="center">SIGNATURE OF APPLICANT AND DATE</p> <p>This application is complete.</p> <p align="center">SIGNATURE OF MFRF REPRESENTATIVE RECEIVING/REVIEWING APPLICATION</p> <p align="center">ACKNOWLEDGEMENT OF REASON FOR DISAPPROVAL</p> <p>I have apprised the applicant of the reason(s) and/or circumstances under which this request for assistance was disapproved.</p> <p align="center">SIGNATURE OF MFRF REPRESENTATIVE AND DATE</p> <p>THIS APPLICATION IS APPROVED IN THE AMOUNT OF \$ _____</p> <p align="center">SIGNATURE OF MFRF REPRESENTATIVE AND DATE</p>	Organization	Date	\$ Amount																			TOTAL		\$	<p>In your own words, please specifically describe your current circumstances and events/situations that brought you to this point. If you are an injured veteran, describe the circumstances of your injury and how your injury impacts your financial situation? Attach additional paper if required.</p>
Organization	Date	\$ Amount																							
TOTAL		\$																							

PROVIDE APPLICANT WITH A COMPLETED COPY OF THIS APPLICATION

Military Family Relief Fund Application September 2009

A. MONTHLY HOUSEHOLD INCOME		CURRENT	PROJECTED
1.	Salary of Applicant - Gross		
2.	Military retired pay		
3.	VA Disability Income		
5.	Social Security Benefits		
6.	Spouse's earnings (Gross)		
7.	Child Support (Received)		
8.	Food Stamps/W.I.C.		
9.	Social Service income (i.e. AFDC)		
10.	Other VA Benefits		
11.	Interest/Dividends		
12.	Rental income		
13.	Other Household Income (Specify)		
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.	TOTAL (A)		

B. EXPENSES (Average Monthly Payments)		CURRENT	PROJECTED
25.	Alimony/Child/Family Support (paid)		
26.	Health Insurance		
27.	Charitable Contributions		
28.	Rent/Mortgage		
29.	Utilities		
30.	Telephone		
31.	Cable/Internet		
32.	Food and Household supplies		
33.	Clothing		
34.	Life Insurance/SGLI		
35.	House/Personal Property Insurance		
36.	Vehicle insurance		
37.	Vehicle gas/maintenance		
38.	Child Care		
39.	Savings		
40.	Recreation/Entertainment		
41.	VEAP or school expenses		
42.	Medical/Dental		
43.	Personal needs (Specify)		
44.			
45.			
46.			
47.	TOTAL (B)		

C. INDEBTEDNESS								
	Creditor Name	Purpose	Date Incurred	Original Amount	Balance Owed	Past Due Amount	Months to go	Monthly Payment
48.								
49.								
50.								
51.								
52.								
53.								
54.								
55.								
56.								
57.								
58.								
59.								
60.								
61.								
62.								
63.								
64.								
65.	TOTAL INDEBTEDNESS*						(C)	

ASSETS:

1. Vehicle (Yr. & Make)

2. Vehicle (Yr. & Make)

3. Real Estate Owned? If Yes, Value:

1. Date last pay received:

Amount \$:

2. My household has \$ cash on hand/ in the bank (Savings/Checking Account Balances).

3. Date next pay will be received:

Amount \$:

TOTAL INCOME:

TOTAL MONTHLY PAYMENTS (B+C):

SURPLUS or DEFICIT Amount: